Georgia's General Assembly
Joint Study Committee on Medicaid Reform

Georgia's Obstetric Care Shortage

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Georgia OBGyn
GEORGIA OBSTETRICAL AND GYNECOLOGICAL SOCIETY

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DPH
Georgia Department of Public Health

EMORY

Outline

- Georgia's obstetric provider shortage
- Patient impact
- Areas for interventions
  - Obstetrician training, recruitment, and retention
  - CNMs and Obstetric PAs
- Conclusions

Gyn & Ob Care in Georgia

- Shortage of Ob/Gyns
  - **U.S.**: **14.1** per 100,000 residents in 2006
  - **Georgia**: **13.5** per 100,000 residents in 2004
    10.9 per 100,000 residents in 2008
  - Most severe in rural areas
- Ob situation especially grave
  - March of Dimes **"C" rating** for prematurity
  - Many Ob/Gyns discontinuing Ob services

Why do Georgia Ob/Gyns discontinue Ob care?

- **Demanding call schedules**
  - Departure of other local obstetricians
- **Unfavorable legal environment**
  - Quash of the malpractice compensation cap
  - Restrictive political climate
- **Low reimbursement rates**
  - 50-60% of Georgia births are Medicaid-funded
  - 37% decline in rates from 2001 to 2011 (when adjusted for inflation)
  - Medicaid now pays ~$1,300 for pre- and perinatal care
    - 50-60% the private reimbursement rate

Ob Care in Rural Georgia

- **43** of the **82** Georgia PCSAs* outside of the Atlanta MSA (**52%**) have either an **overburdening** or a **complete absence** of obstetric providers

* Primary Care Service Area: collection of counties in which >30% of those county residents receive their primary care

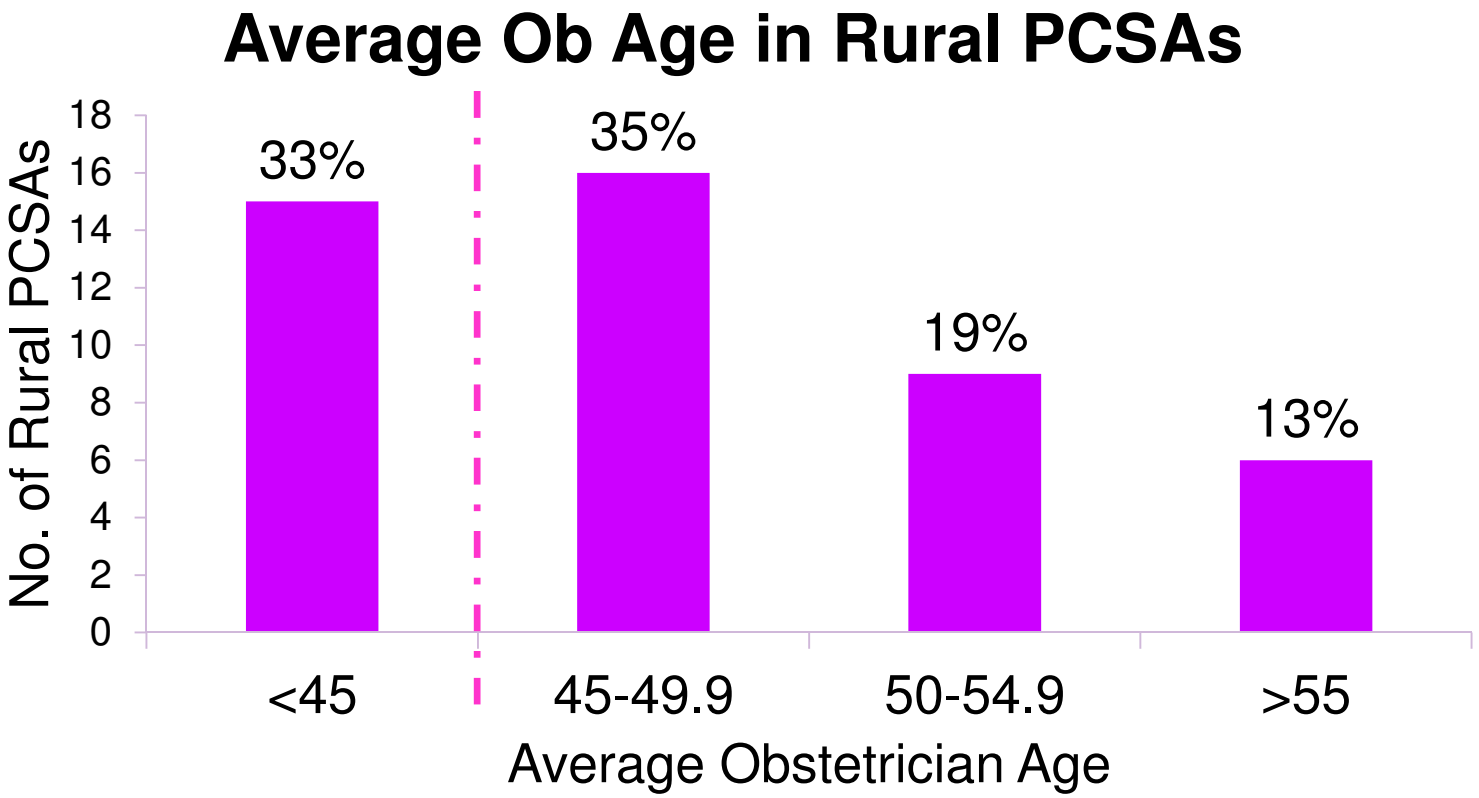
Ob Care in Rural Georgia

- 43 of the 82 Georgia PCSAs outside of the Atlanta MSA (52%) have either an overburdening or a complete absence of obstetric providers
  - ***No*** obstetricians: 31 (**38%**)
  - ***No*** delivering family practitioners: 73 (**89%**)
  - ***No*** certified nurse midwives: 57 (**70%**)

Ob Care in Rural Georgia

- 43 of the 82 Georgia PCSAs outside of the Atlanta MSA (**52%**) have either an overburdening or a complete absence of obstetric providers
  - **By 2020, 75% will lack adequate services**

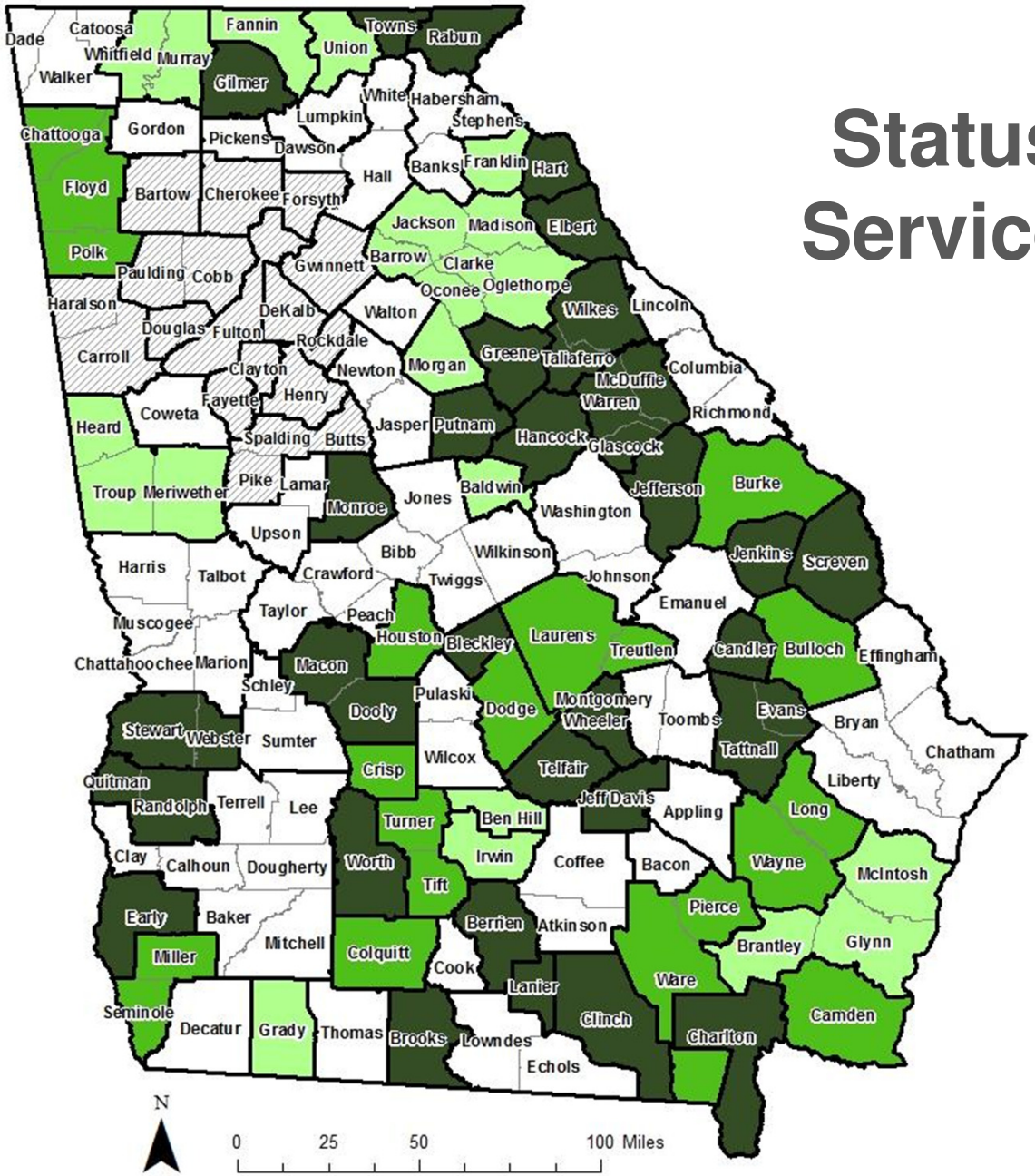
Retirement of Rural Obs



Based on national averages, men stop practicing obstetrics at age 52, and women at age 44.

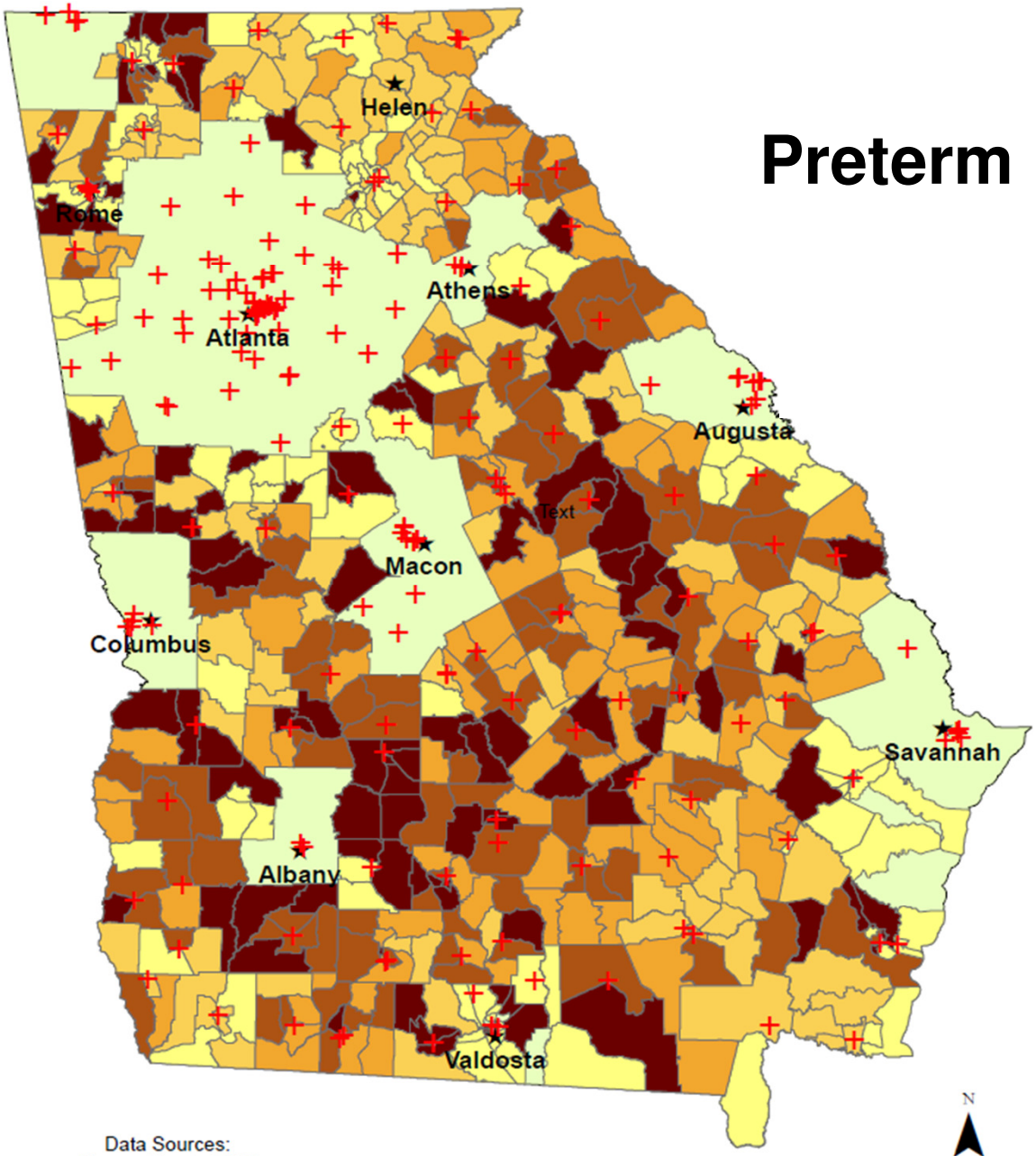
Status of Obstetric Services in Georgia (by PCSA)

Dec. 2011



Preterm Birth in Georgia

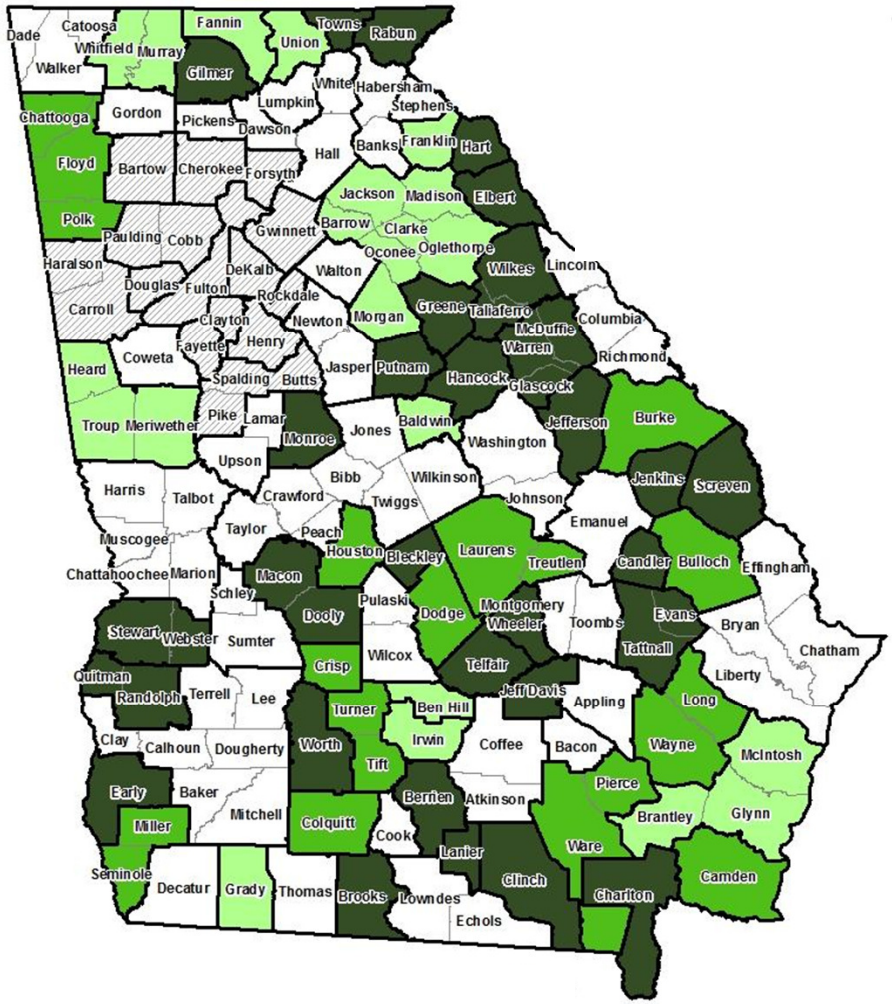
1999-2009

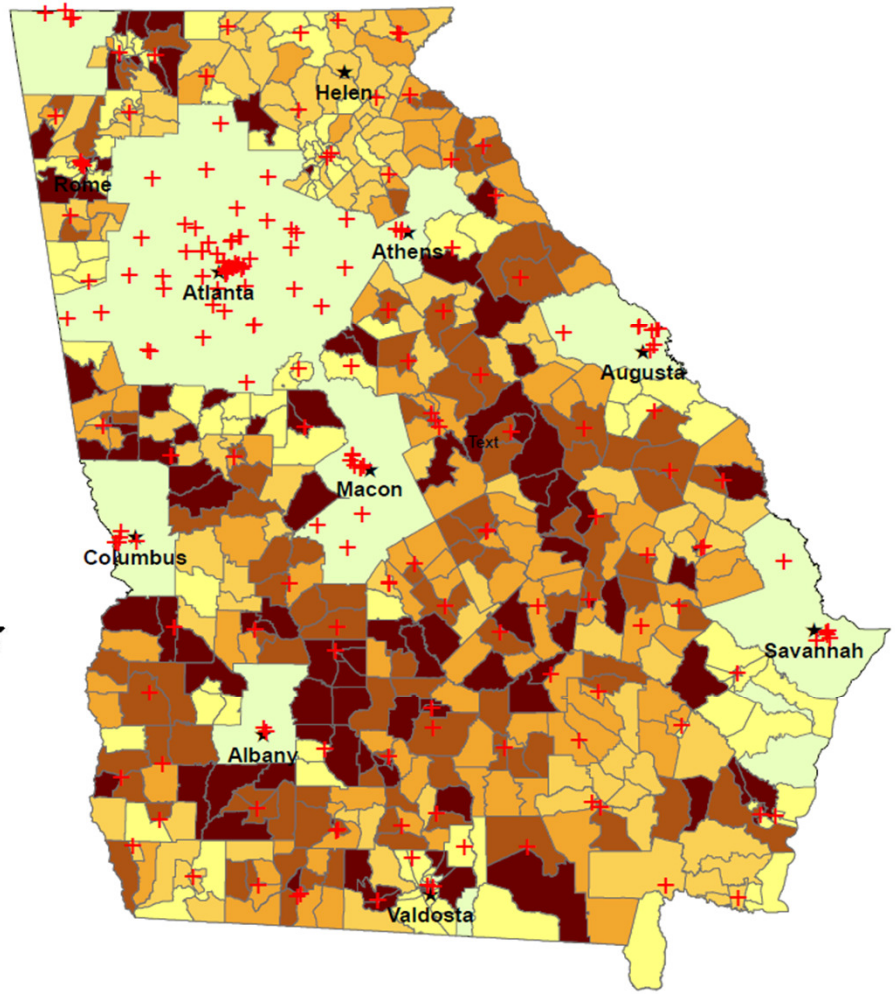


Data Sources:
Census Tracts 2000
GA Core Based Statistial Area 2003
Atlanta Regional Commision 2011

Map Produced April 2013

Are They Related?





Driving Time and Prematurity

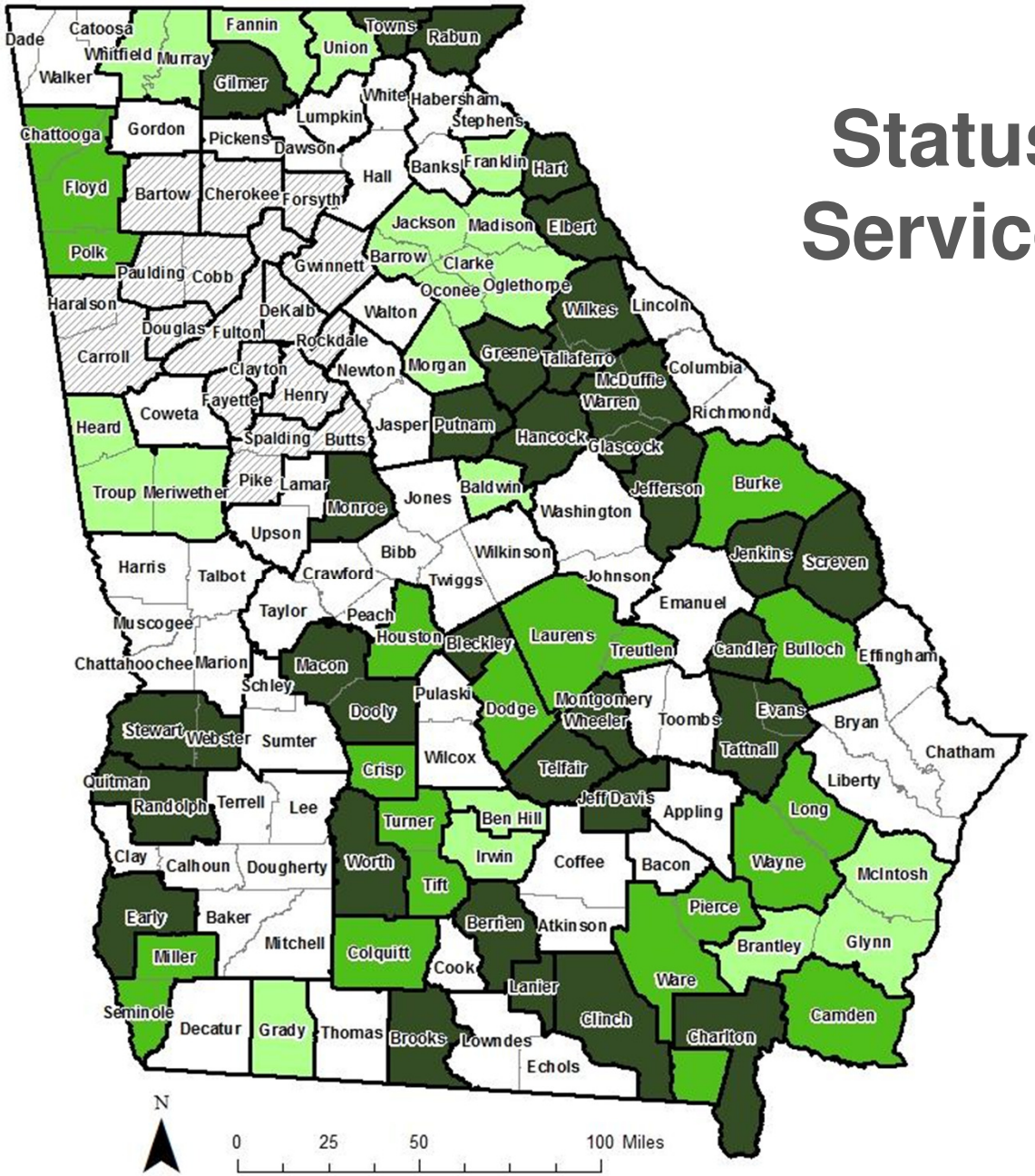
Driving Time	Odds Ratio for Preterm Delivery (< 37 weeks), with 95% CI
≤ 15 minutes	1.00
16 – 30 minutes	1.06 (1.01, 1.11)
31 – 45 minutes	1.09 (1.03, 1.14)
> 45 minutes	1.53 (1.46, 1.60)

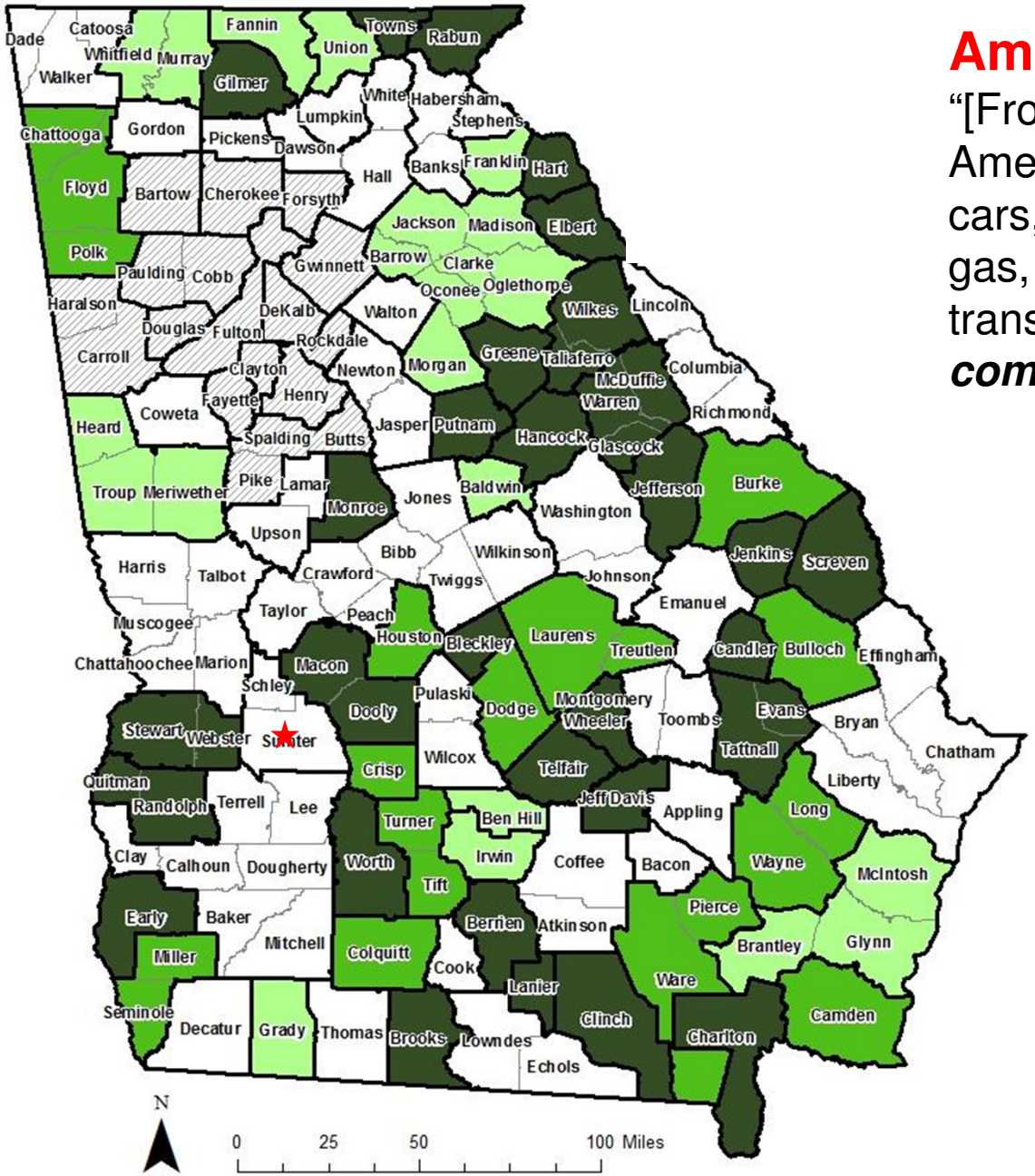
Controlled for maternal age, race/ethnicity, marital status, maternal education, government-assisted payment, maternal residence, birth order, prior poor infant health outcome, and transfer status

There is a spatial mismatch between a pregnant woman's risk and her access to services

Status of Obstetric Services in Georgia (by PCSA)

Dec. 2011

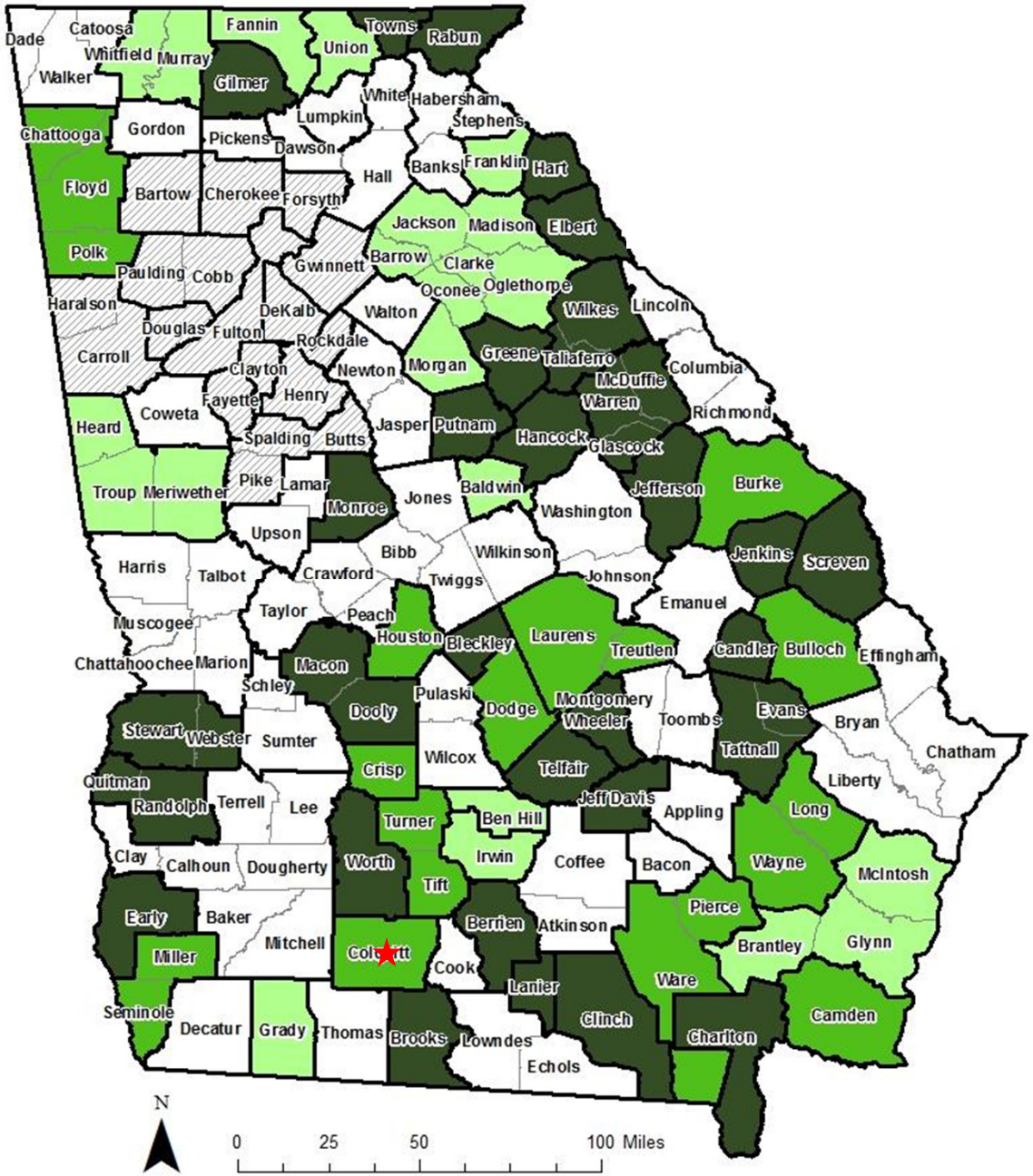




Americus

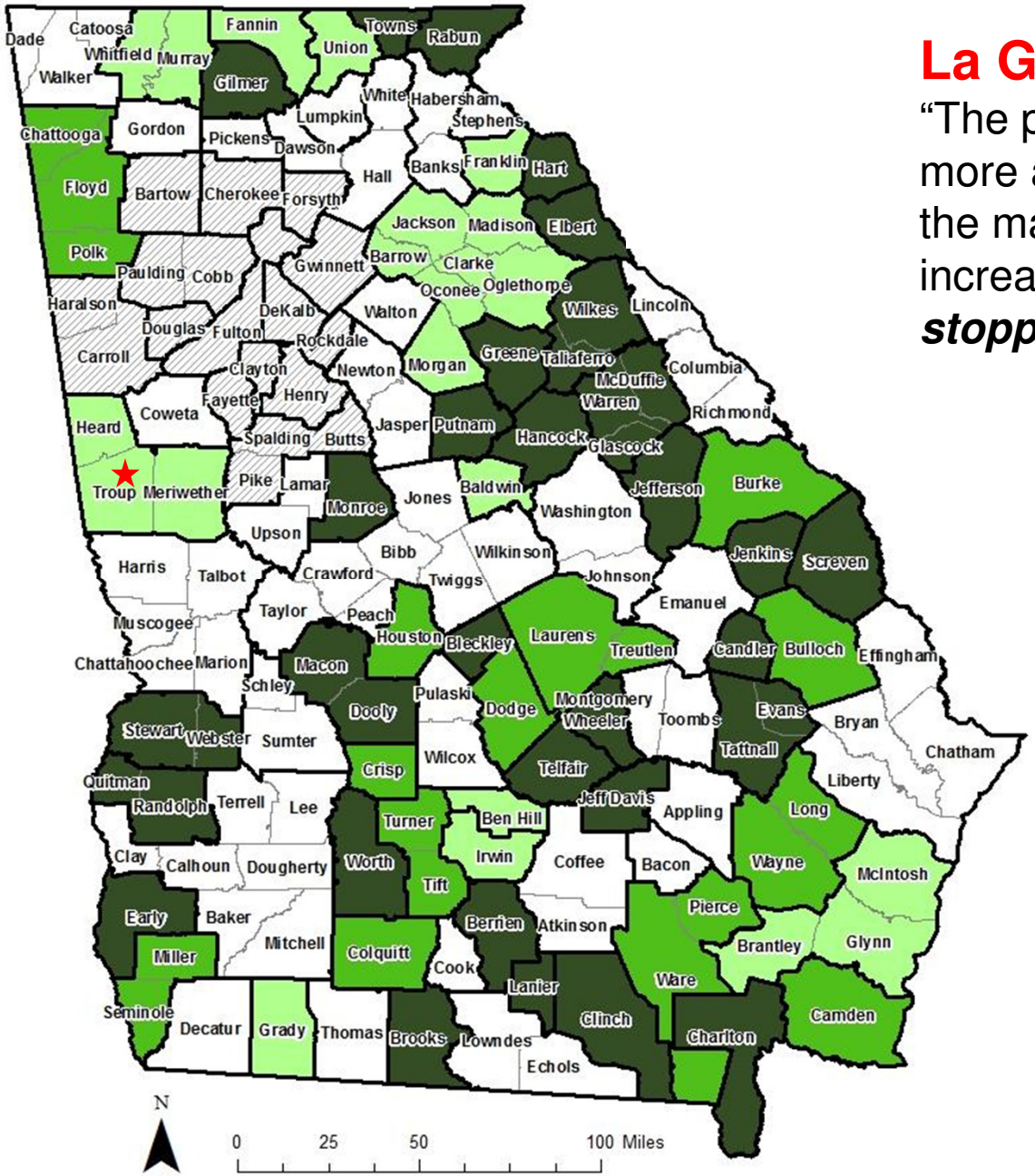
"[From] Preston, it's 30 miles to Americus. If [patients] have cars, they don't have much gas, and there's no public transportation. ***They don't come to prenatal care***."

- Atlanta MSA
- Adequate
- At-Risk
- Deficit
- No OB Services



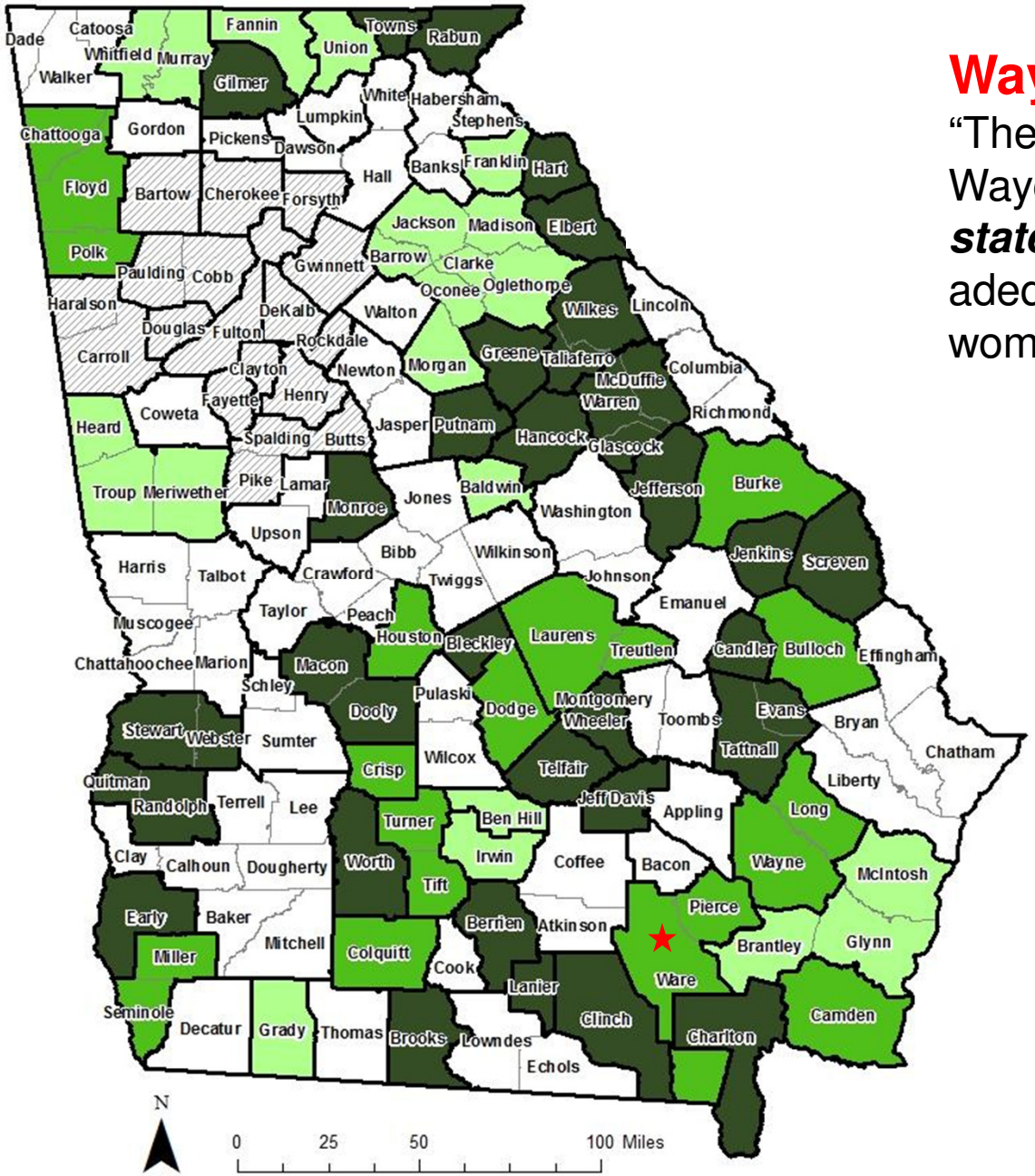
Moultrie

"We are the only obstetrical practice in town. With one OB and a midwife, we did ***550 deliveries last year***. Sometimes we see ***60 women in a day***. 75 to 80 percent of our patients are ***Medicaid***. It's difficult to recruit physicians of any kind to this area."



La Grange

"The paperwork kept getting more and more complicated [but] the malpractice insurance rate increase was the clincher. ***We stopped OB***."

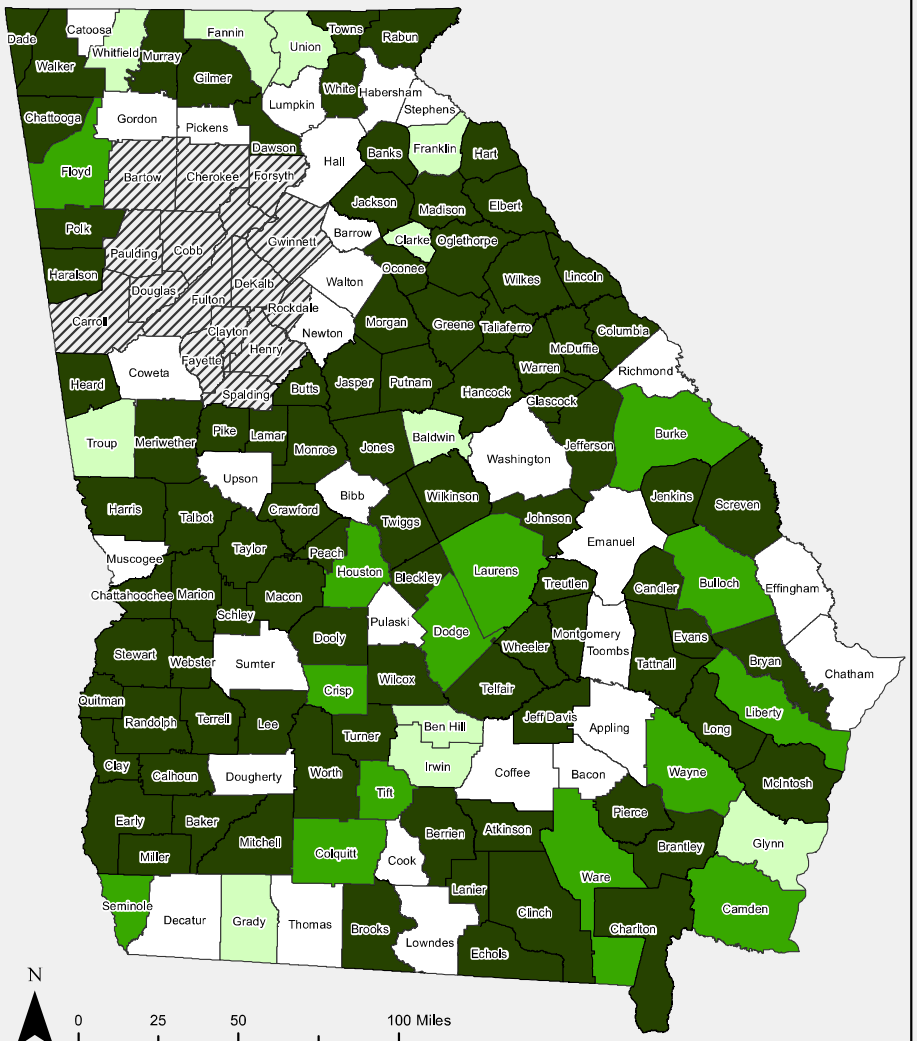


Waycross

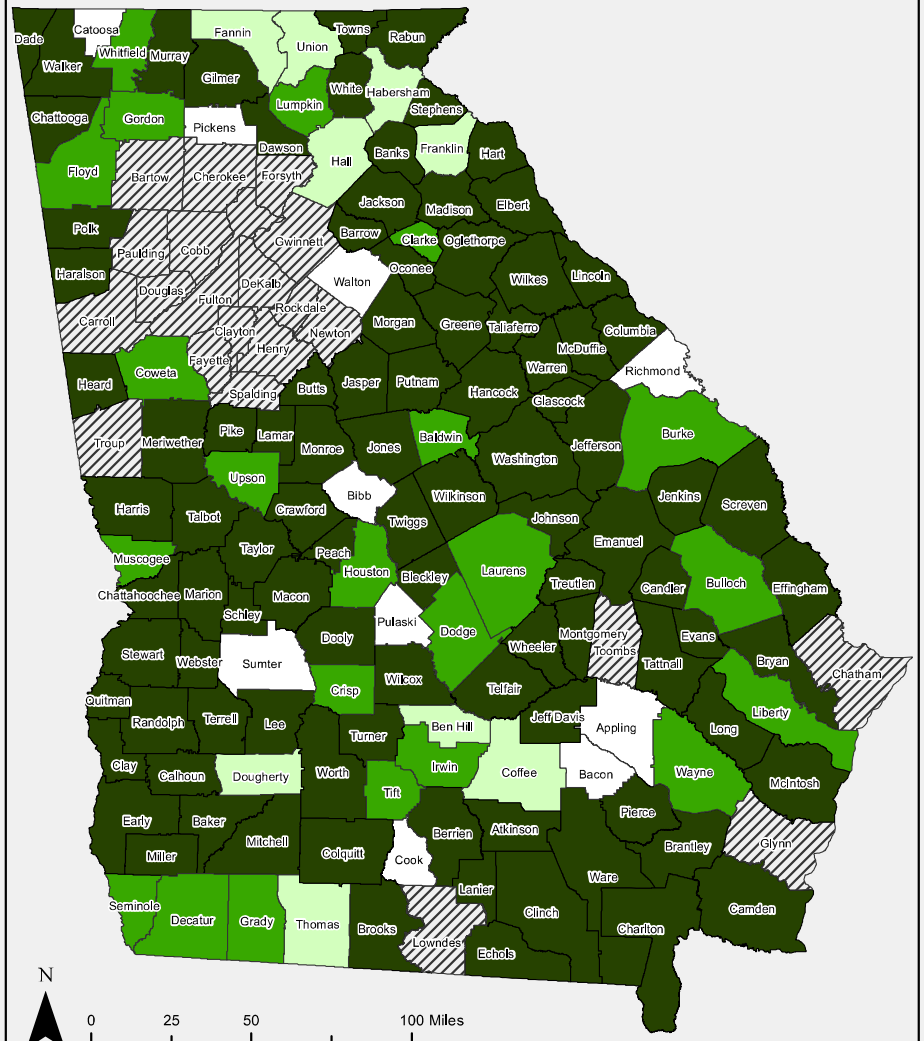
"There were only 2 OBs in Waycross when ***I [left] the state***. They need 4 to adequately take care of all the women in the community."

Georgia Obstetric Provider Workforce Estimates, by County

2011 Estimates**



2020 Projections**



**Obstetric provider workforce estimates are based on average annual deliveries per provider (AADP). 2020 projections assume no provider recruitment.

Adequate	At-Risk	Deficit	No OB Services	Atlanta MSA/No Data
AADP < 144	144≤ AADP ≤166	AADP >166		

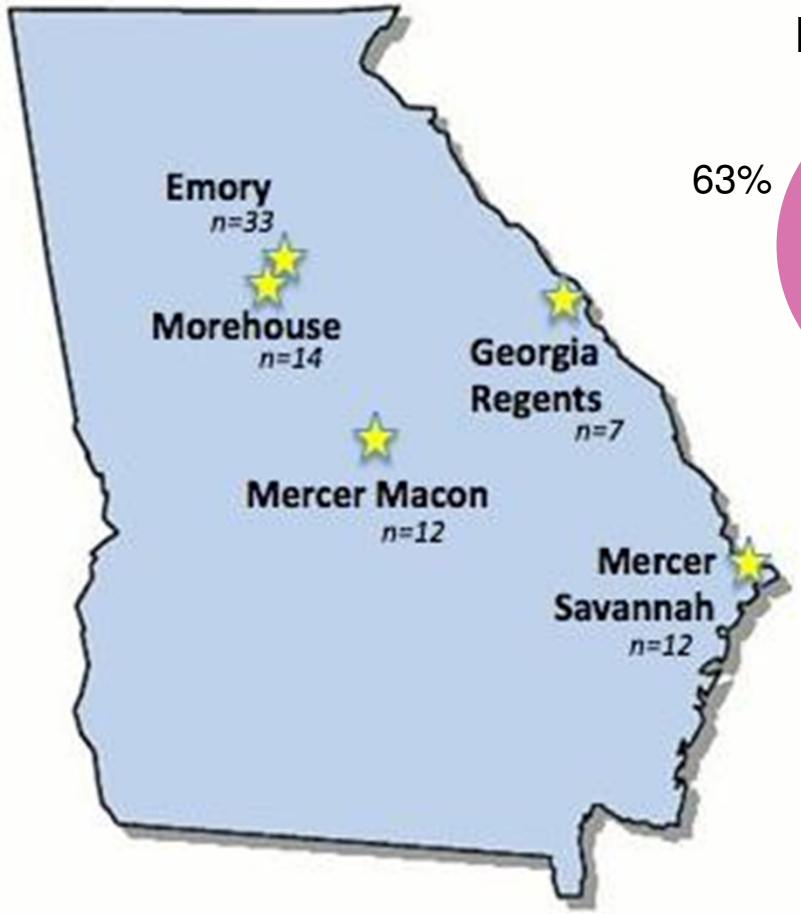
SOURCES: Georgia Maternal and Infant Health Research Group, phone survey (2011); Georgia Office of Health Indicators for Planning (2011); U.S. Census Bureau, Geography Division (2011); Georgia Board of Physician Workforce (2010).

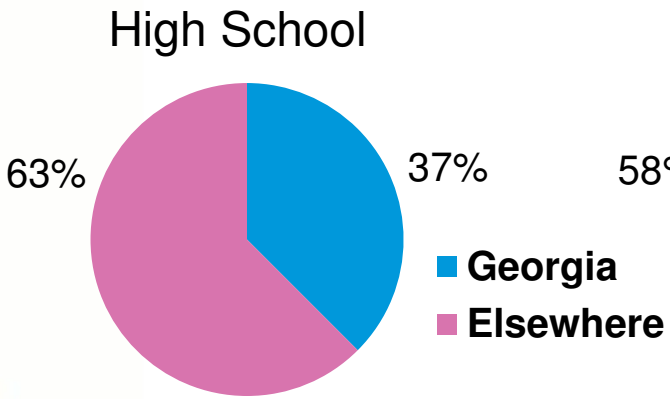
Ob/Gyn Training

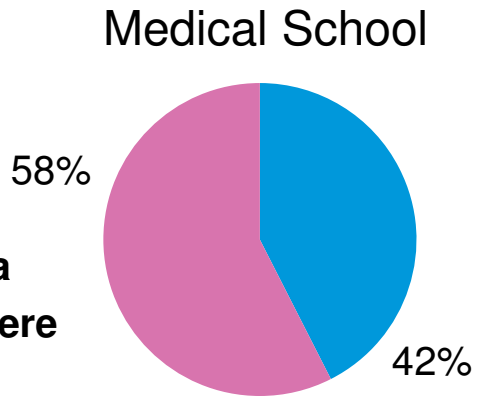
- Undergraduate Education
- Medical School
- Ob/Gyn Residency

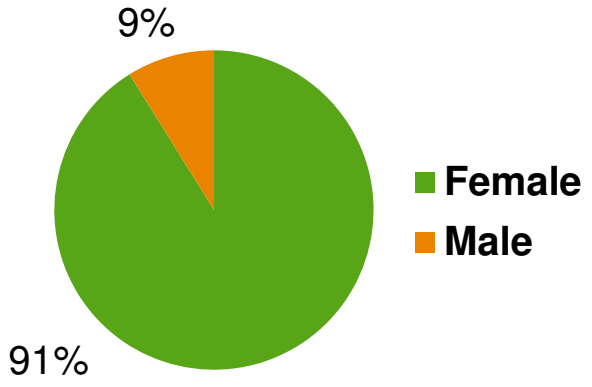
Georgia Ob/Gyn Residents

95 residents: 84.2% response rate (n=80)

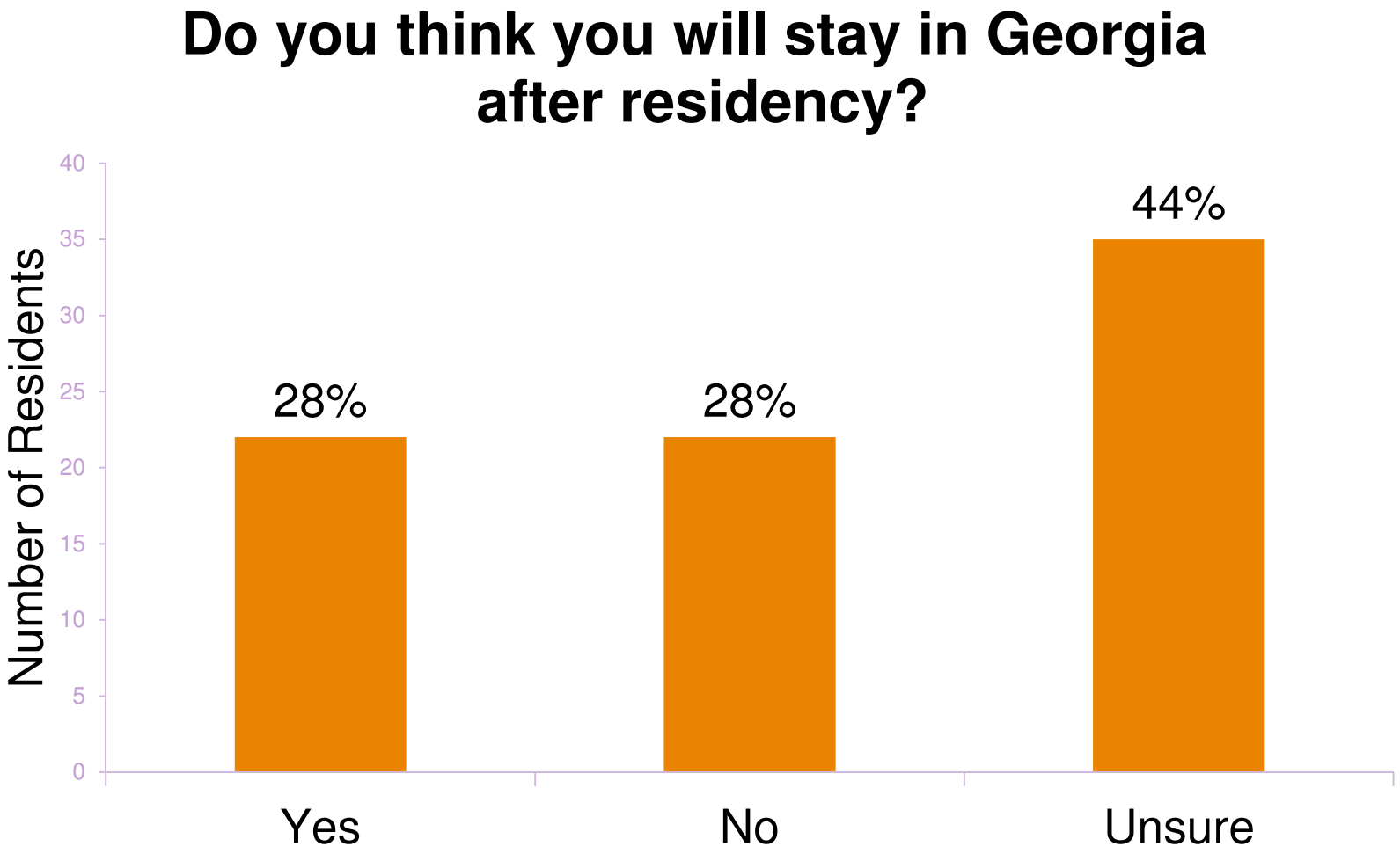








Residents' Future Careers



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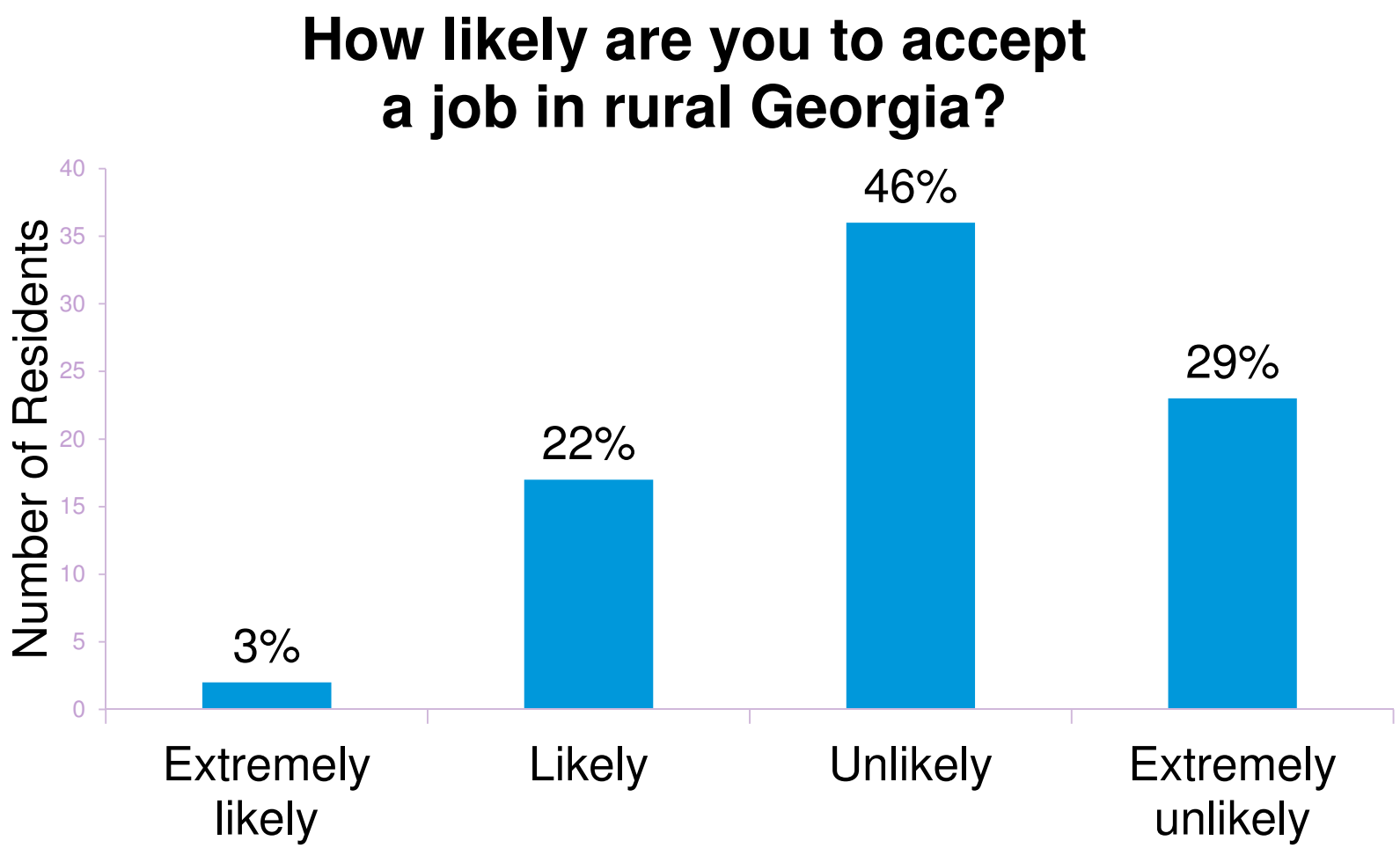
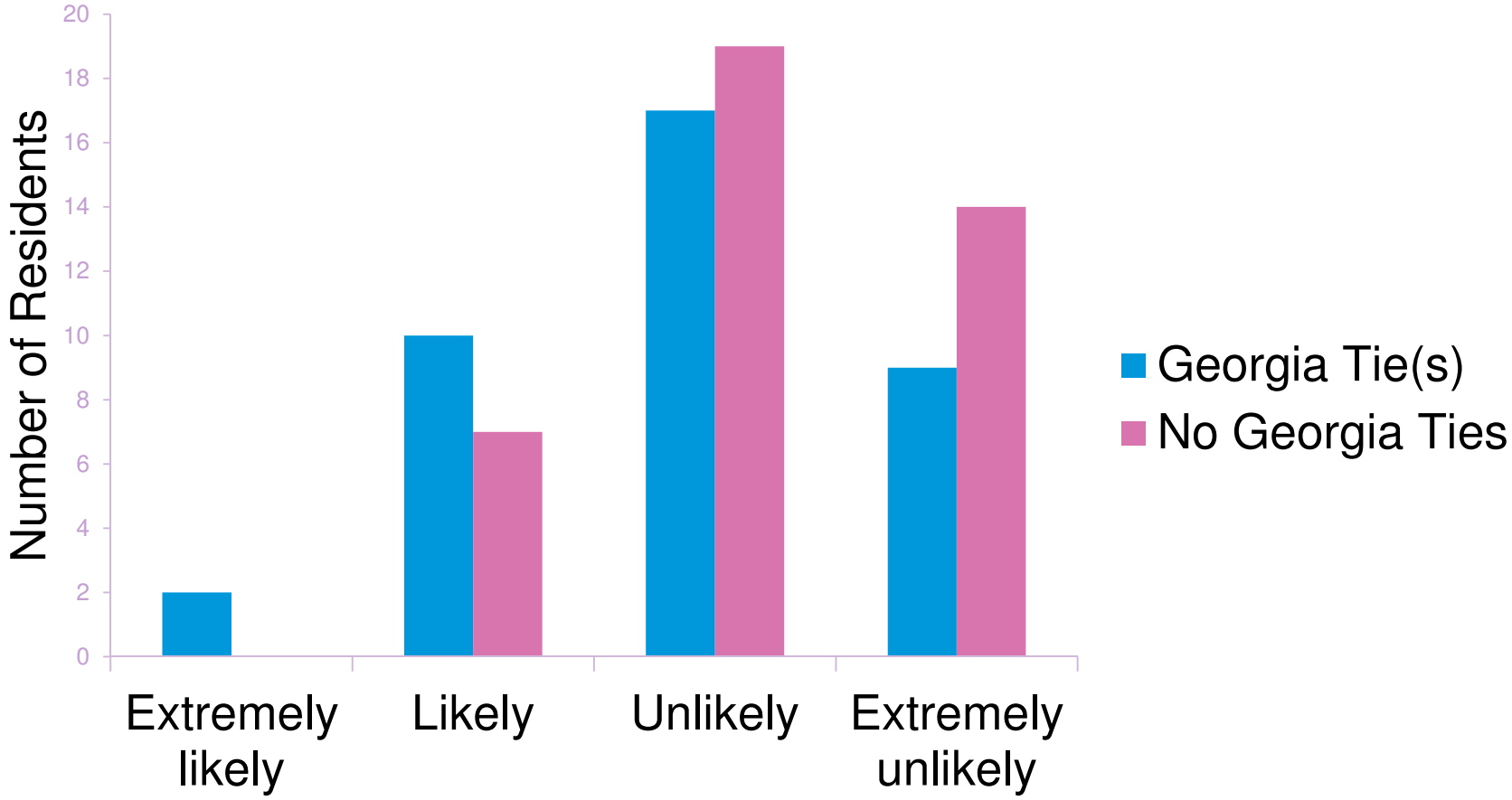
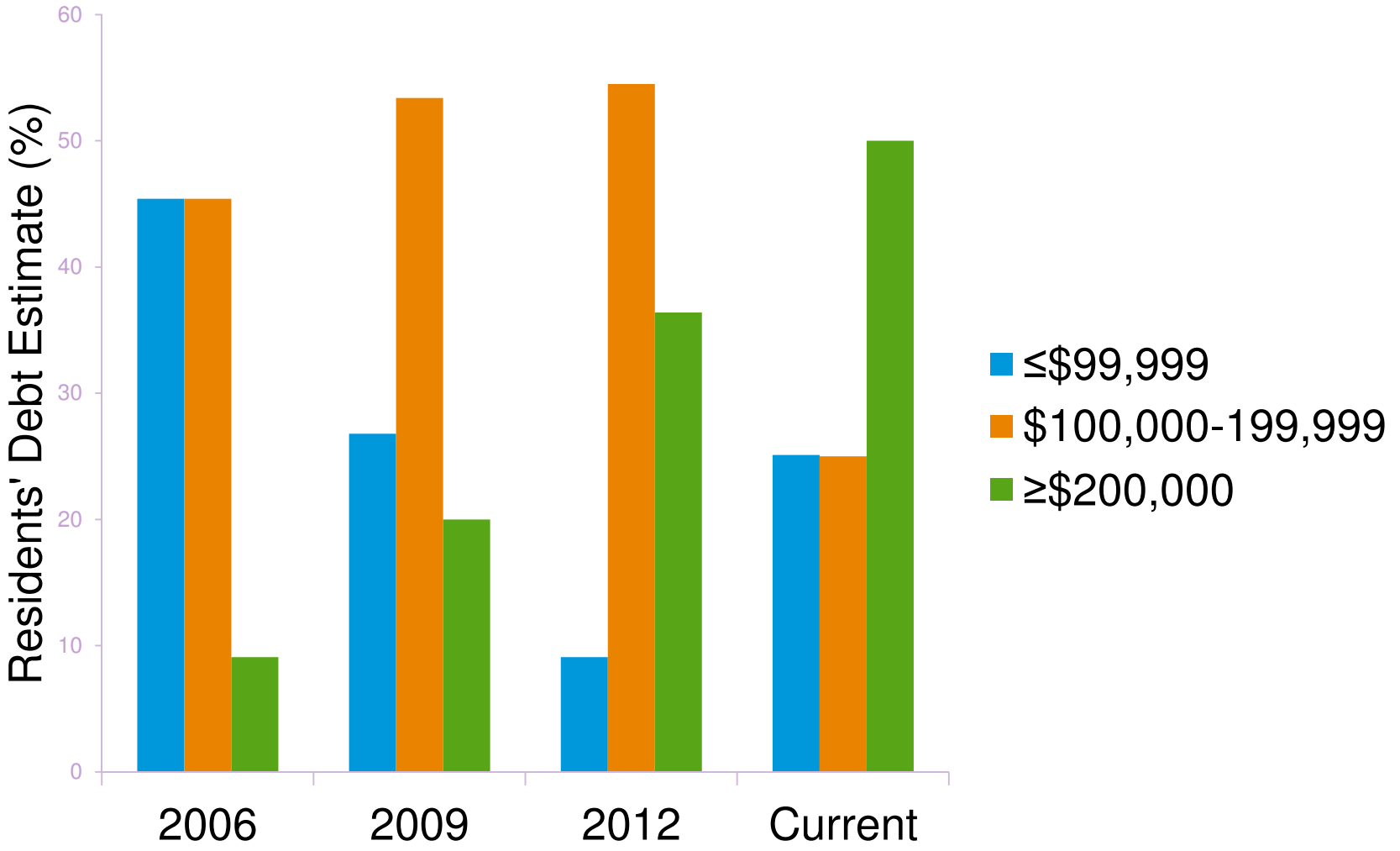


Strength of Ties

How likely are you to accept a job in rural Georgia?

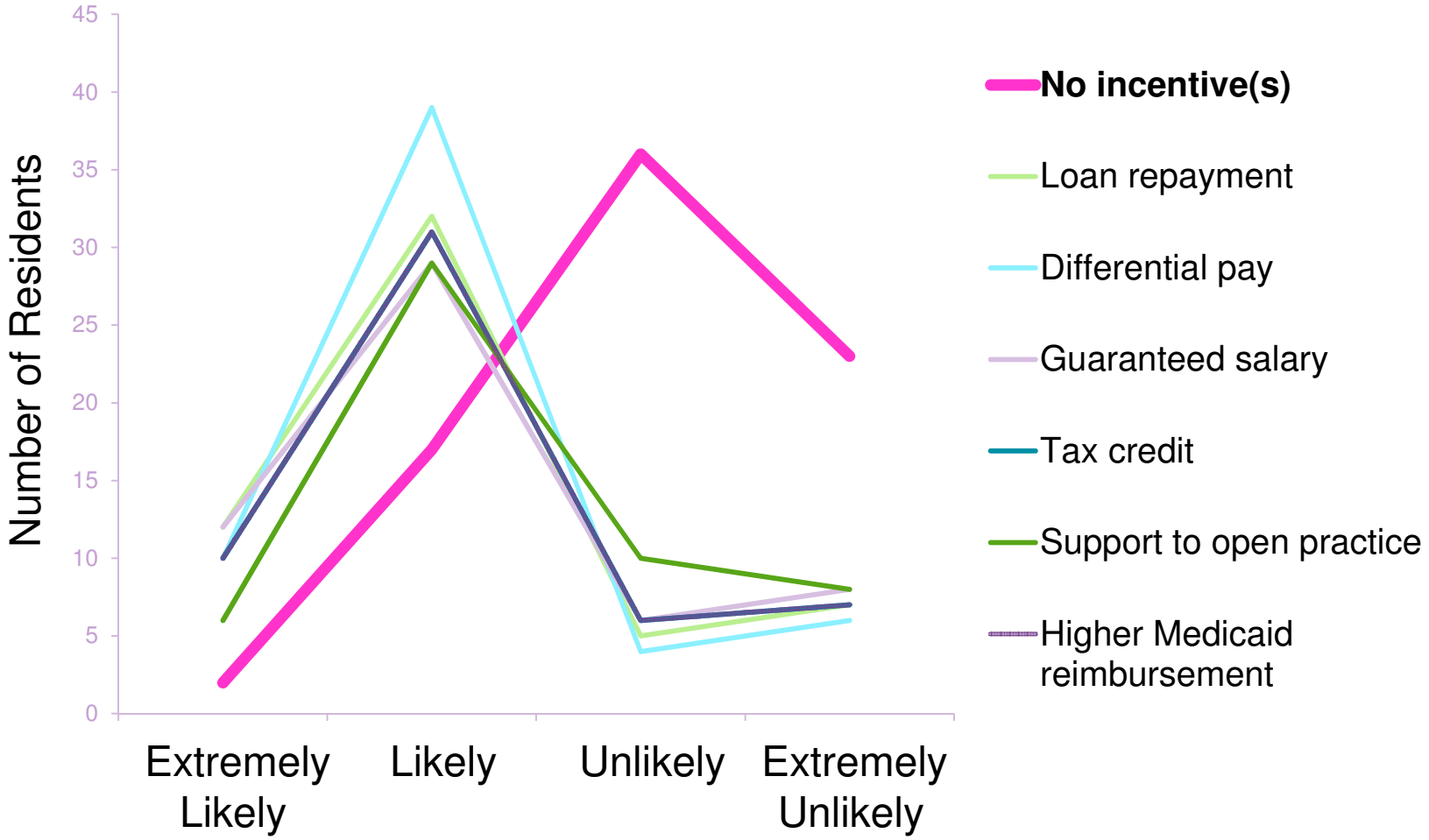


Burden of Debt



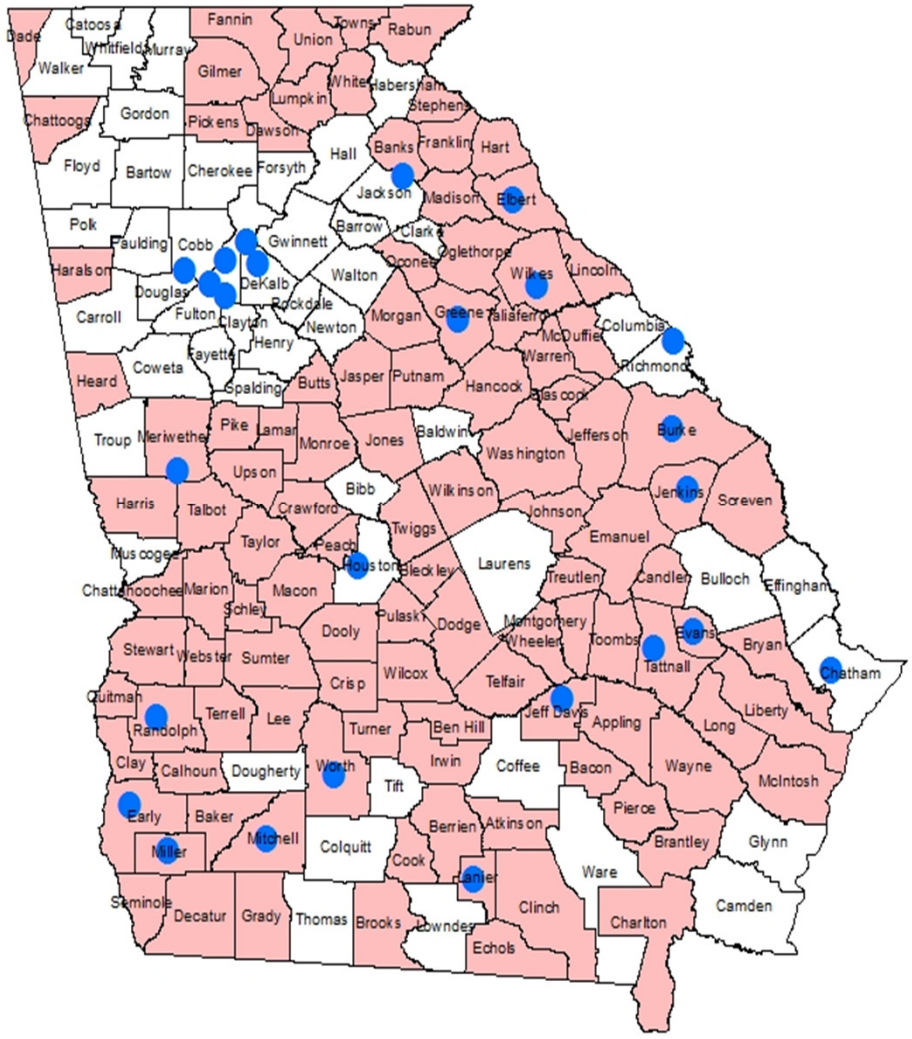
Changing Minds

How likely are you to accept a job in rural Georgia if a financial incentive is offered?

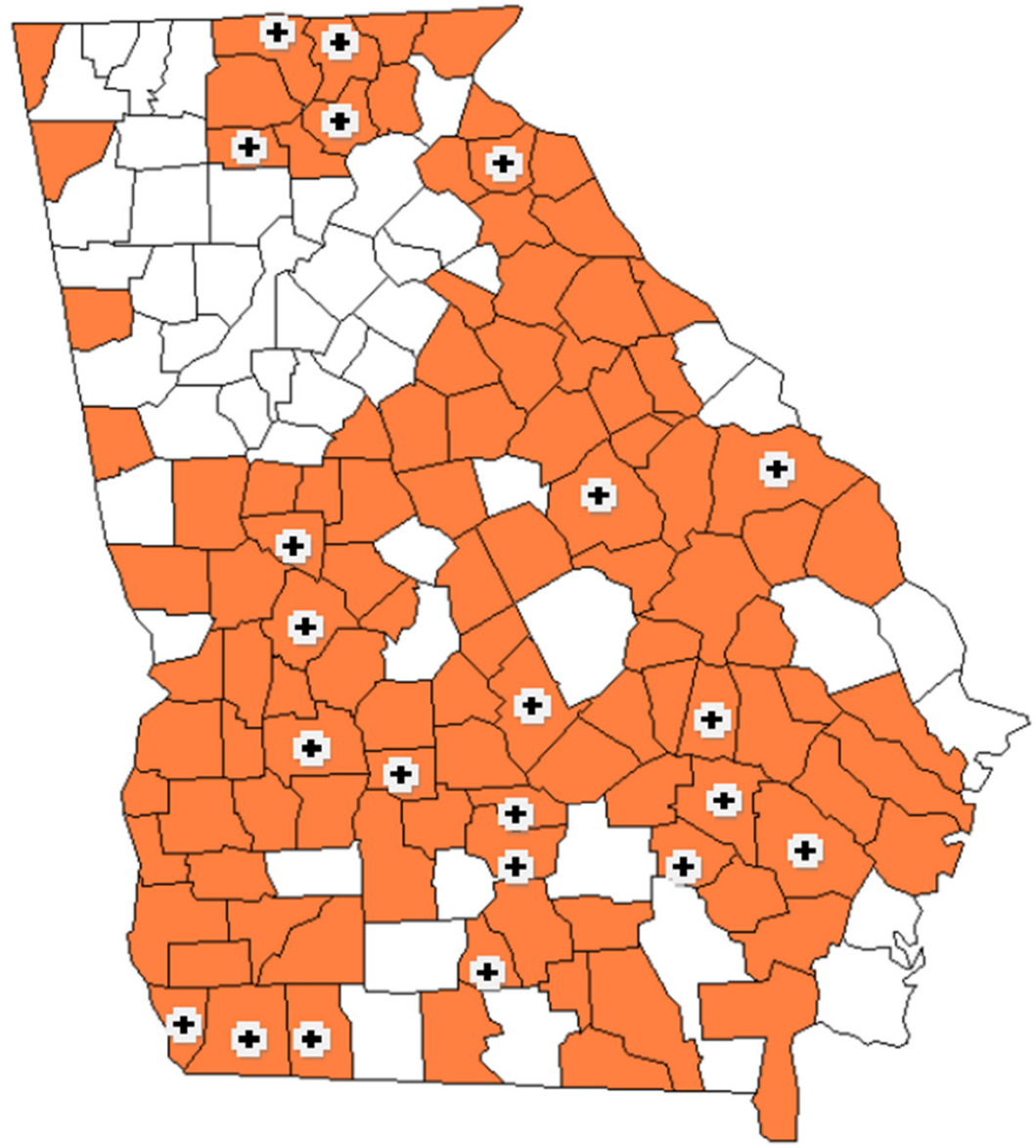


Provider Recruitment & Retention

- ***Rural Physician Tax Credit***
  - Georgia Department of Revenue
  - $5,000 annually for max. 5 years
- ***Physicians for Rural Areas Assistance Program***
  - Georgia Board for Physician Workforce
  - Loan repayment: $25,000 annually, for max. 4 years or $100,000
- ***Qualifications***
  - Eligible counties: ≤35,000 residents
  - Major challenge: L&D unit closure



Georgia Board for Physician Workforce
Scholarship and Loan Repayment Eligible Communities by Hospitals that Had Newborn or OB Patients in CY 2012: Georgia Hospital Association, Georgia Data Discharge



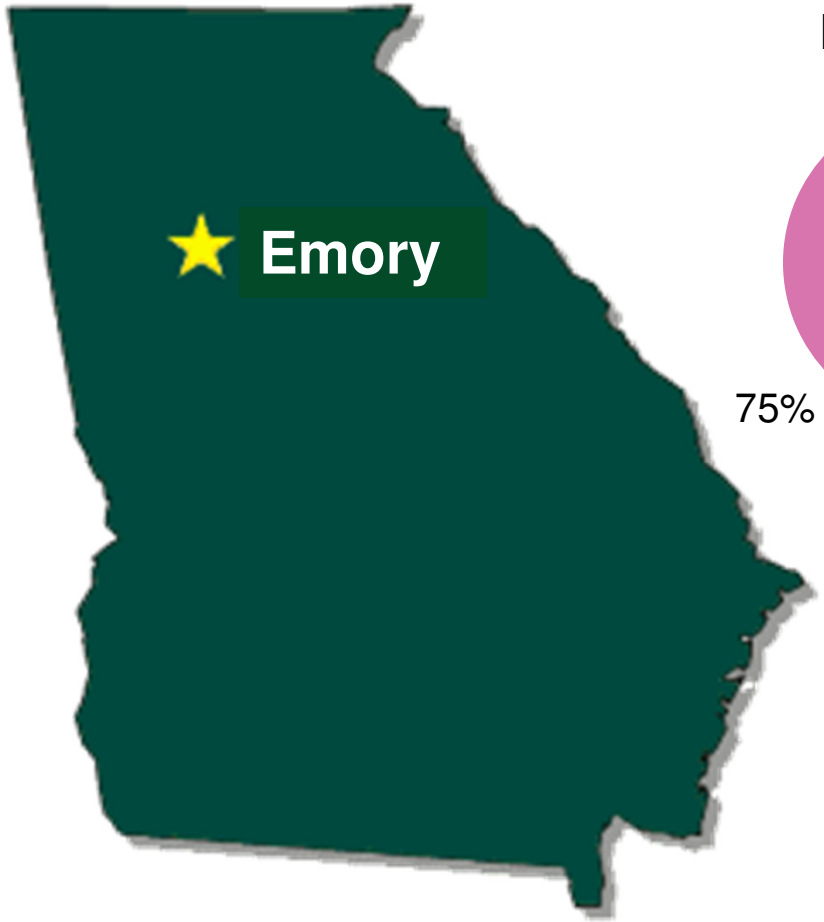
PRAA eligible counties (<35,000 population)

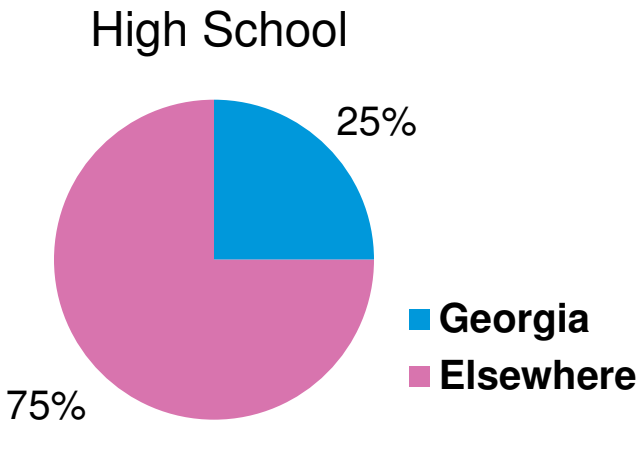
PRAA eligible county that has a hospital with either newborn or OB patients in CY 2012. Note: Burke closed Dec. 2012.

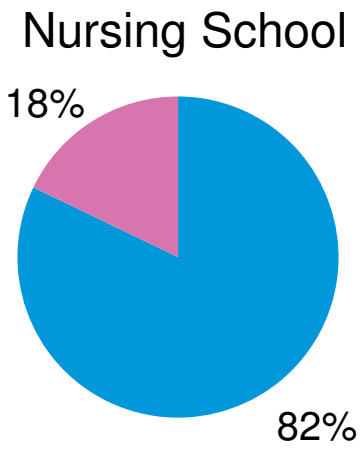
Eligible Obstetric Facilities, 2013

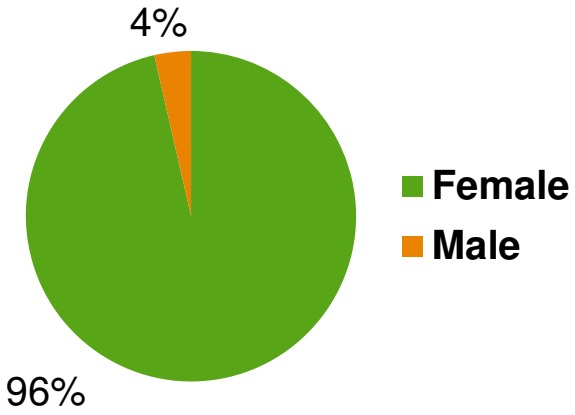
Georgia CNM Students

28 Students: 100% response rate (n=28)

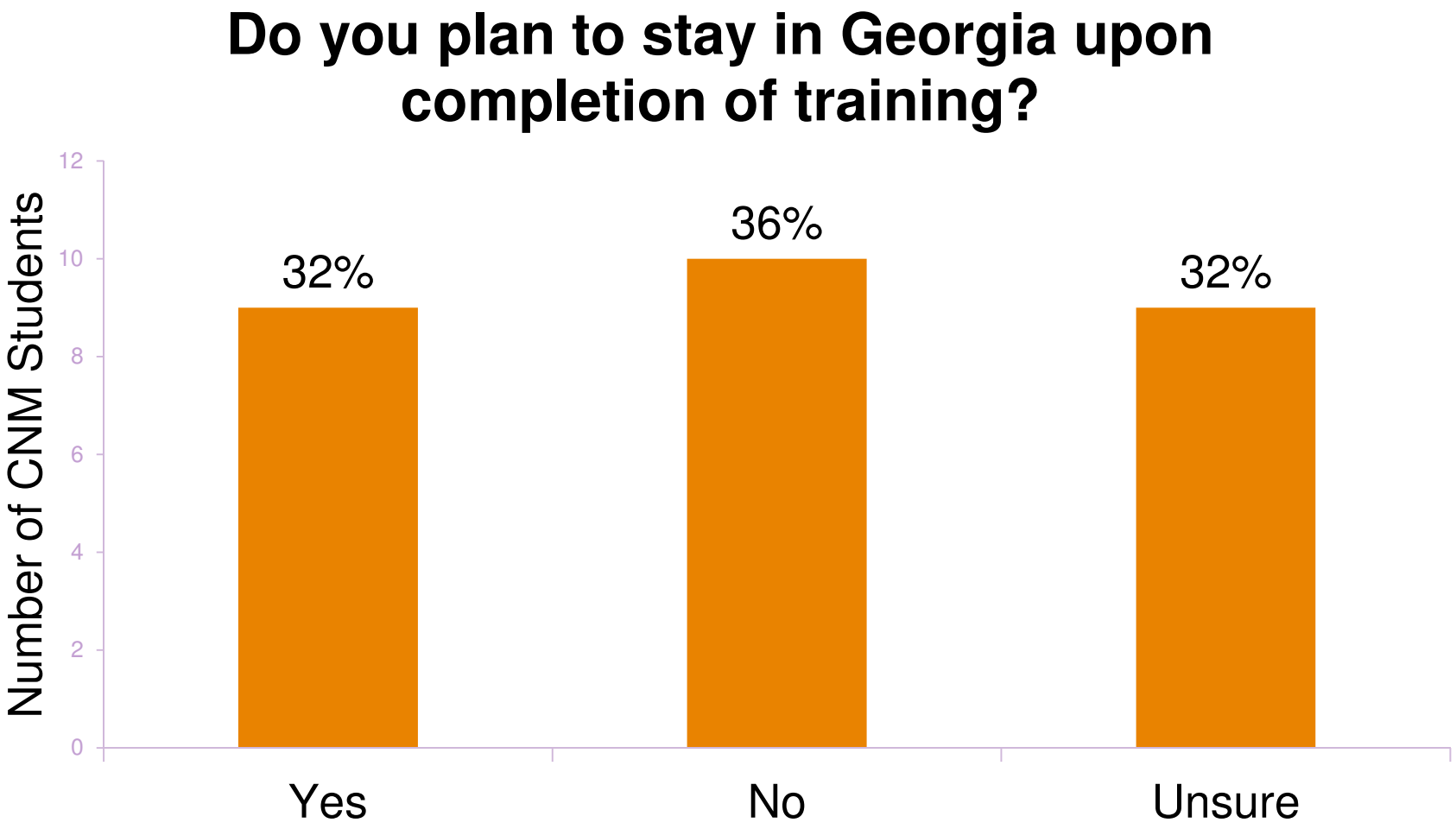








CNM Students' Future Careers



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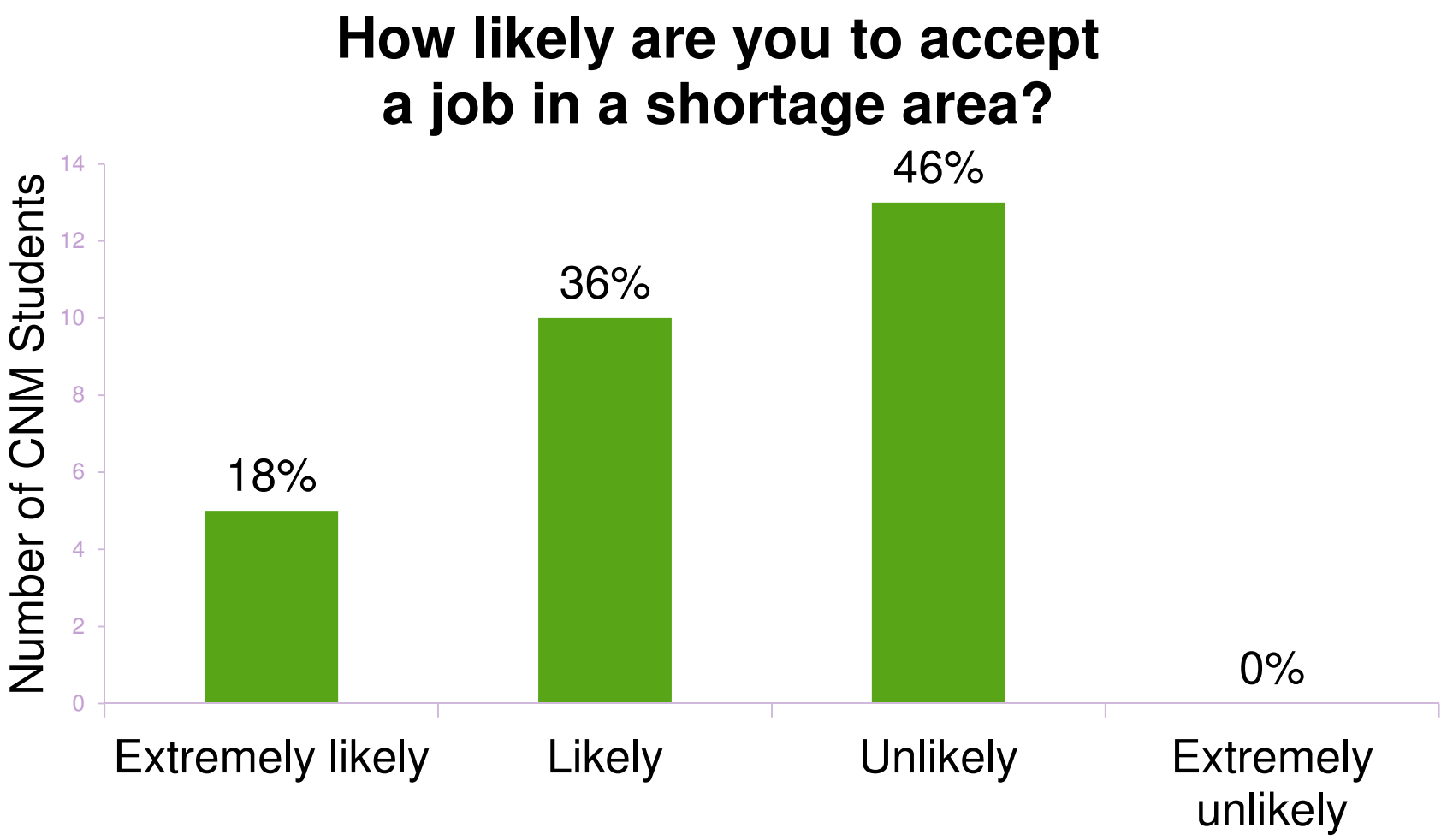
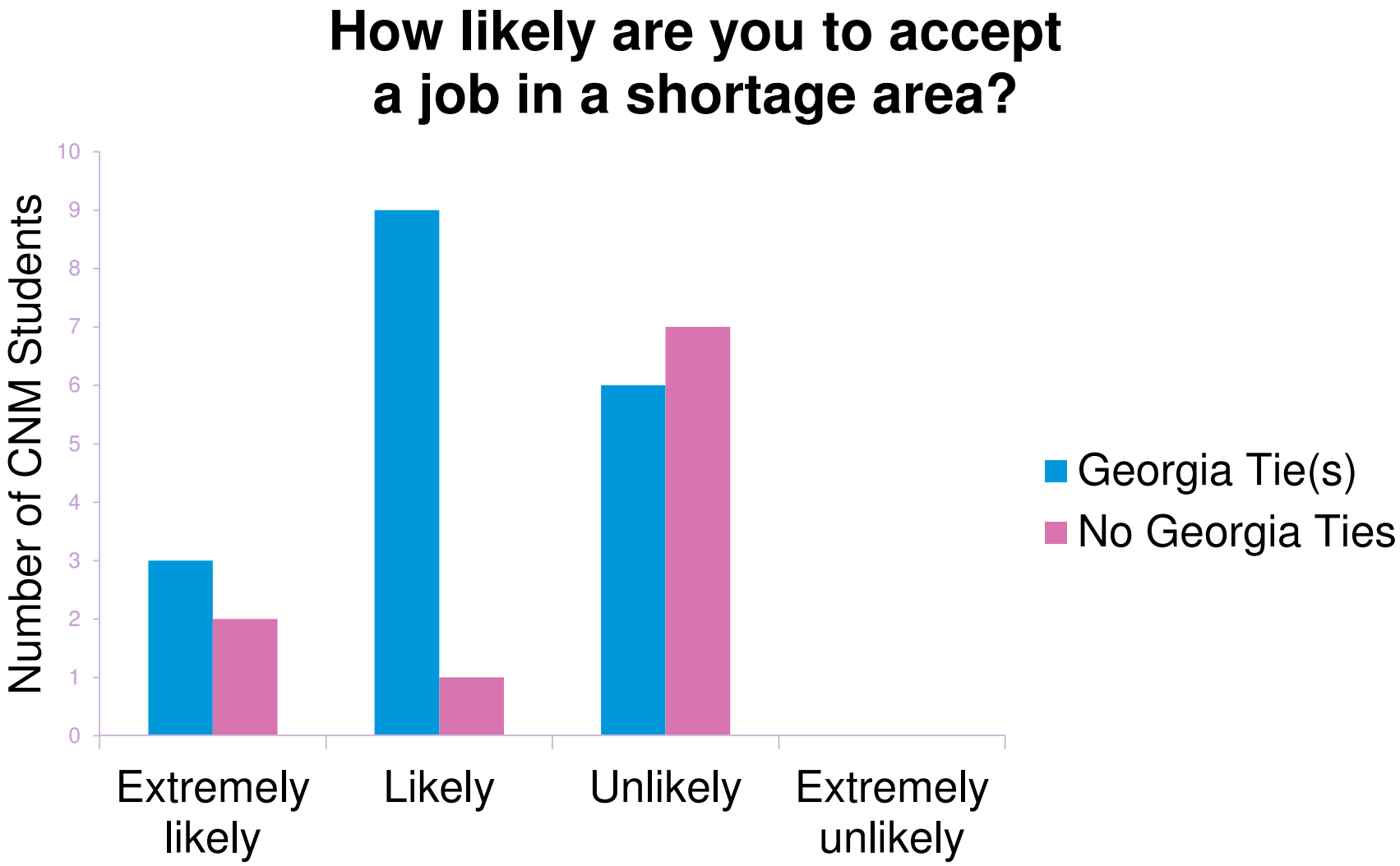


Strength of Georgia Ties



Conclusions

- Georgia has the 2nd highest maternal mortality and 14th highest teen pregnancy rate in the United States. We also carry a "C" grade for our prematurity rate.

- Outside of Atlanta, the obstetric provider shortage is severe and is getting worse; this poor access to care is associated with low birth weight and premature births and may contribute to our poor maternal outcomes.

Conclusions

- Certified nurse midwives are more likely than other obstetric providers to practice in rural GA
- CNMs provide a cost-effective solution to our growing shortage, and consideration should be given towards their role in innovative models of care and reimbursement schemes.
- CNM training sites should be established in Georgia, ideally in collaboration with public universities.

Recommendations

- **Increase residency slots for ob/gyns.**
  Physicians trained in Georgia are more likely to stay in Georgia and more likely to practice in rural areas.

- **Create and strengthen financial incentives to attract obstetric providers to rural areas.**
  Given the debt burden of ob/gyn residents, joining a rural practice that serves a predominantly Medicaid population is not economically feasible.
  - Since 40% of rural hospitals have closed, current loan repayment programs for care in rural areas have limited value.
  - The classification of eligible counties should be expanded to allow opportunities for obstetricians to be placed in hospitals that serve rural counties.
  - Modifications in eligibility will be introduced as a legislative item in the upcoming session.

Recommendations

- **Continue Planning for Healthy Babies (P4HB) by keeping it in the Medicaid budget**
  - P4HB provides care, birth planning, and contraception to high risk women between pregnancies. This extends the birth interval and improves outcomes for mothers and babies.

- **Support Maternal Mortality Review Committee legislation (SB 273)**

Final Plea

- If we fail to expand Medicaid coverage and lose federal monies for uncompensated care, many of our rural hospitals are at high risk of closing, which would place enormous pressure on our state's already-overburdened obstetric care network.

- Healthy women are a prerequisite for both healthy pregnancies and healthy infants; with 25% of Georgia women uninsured, Medicaid coverage is especially needed before and beyond pregnancy.

Acknowledgements

- **Partners**
  - March of Dimes, Georgia Chapter
  - Georgia Ob/Gyn Society
  - Georgia Department of Public Health
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  - Emory University
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  - Andrew Dott, MD, MPH (Community Ob/Gyn and GOGS Board Member)
  - Roger Rochat, MD (Rollins Global Health Professor)

- **Current Researchers**
  - Ali Anderson (MPH 2013)
  - Jenny Besse (MSN/MPH Candidate 2017)
  - Megan Cohen (MD/MPH Candidate 2014)
  - Lauren Espinosa (MD Candidate 2015)
  - Jessica Harnisch (MPH Candidate 2014)
  - Julie Hurvitz (MD Candidate 2014)
  - Zoe Julian (MD/MPH Candidate 2015)
  - Yoon-Jin Kim (MD Candidate 2016)
  - Erika Meyer (MPH Candidate 2014)
  - Mona Rai (MPH Candidate 2014)
  - Alex Reitz (MD Candidate 2016)
  - Julia Shinnick (MD Candidate 2016)
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- **Past Researchers**
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  - Danika Barry (MPH 2012)
  - Nikita Boston (MPH 2012)
  - Sylvie Hua (MPH 2012)
  - Ansley Howe (MSN/MPH 2013)
  - Kayla Lavilla (MPH 2012)
  - Hilary Moshman (MPH 2011)
  - Dena Vander Tuig (MD/MPH 2012)
  - Audra Williams (MD/MPH 2013)
  - Abby Yandell (MD/MPH 2013)
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  - Meredith Pinto (MPH Candidate 2014)
  - Bridget Spelke (MD Candidate 2015)
  - Adrienne Zertuche, MD, MPH

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Thank you!

Questions?